



2005 FCCLA "Rookie" Training
New or Beginning Members
October 2-3, 2005
Holiday Inn – Mitchell, SD

Due: Postmarked September 15, 2005

Fee: Enclose \$30/person

Name: _____ **Adviser** _____ **Student** _____

Chapter: _____ **Male** _____ **Female** _____

School Address: _____ **Student Grade Level:**
Box or Street Address
City State Zip 7th _____ 8th _____ 9th _____
10th _____ 11th _____

Home Address: _____
Box or Street Address
City State Zip

Home Phone Number: _____

Name of Parents/Guardians: _____

Work Phone Number: _____ **Mother**
_____ **Father**

Other relative that could be contacted in case of emergency:

_____ **Phone No.** _____

Allergies of Applicant: _____

Medications of Applicant: _____

Family Medical Insurance Information (company, Policy #, Address, Etc.):

Reason I want to come to FCCLA "Rookie" Training:

Parent's/Guardian's Signature: _____

Adviser's Signature: _____